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7590

01/26/2010

David B Smith Michael Best & Friedrich 100 East Wisconsin Avenue **Suite 3300** Milwaukee, WI 53202-4108

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(Depositor's name) **ELECTRONICALLY FILED** (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/583,686	06/19/2006	Kevin Flower	063511-9089-00	4476
TITLE OF INVENTION: T	REATMENT OF CANCER			

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/26/2010	
EXAMINER ART UN		ART UNIT	CLASS-SUBCLASS		•		
SZNAIDMAN	I, MARCOS L	1612	514-495000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 		er a 2	1 Michael Best & Friedrich LLP 2 3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The University of Manchester

Manchastar United Kingdor

The University of Manchester	Manchester, Offited Kingdom
Please check the appropriate assignee category or categories (will not be	printed on the patent):
4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
X Issue Fee	A check is enclosed.
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
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Authorized Signature	Date Cipril 21, 2010
Typed or printed name Ann M. Benjamin	Registration No. 64,879

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